

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Wilson Senior Living Kailua | CHAPTER 100.1 |
| Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734 | Inspection Date: March 31, 2021 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING
APR 13 P 3:32

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|
| <input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #2 – No evidence is annual tuberculosis clearance. | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, on the resident's monthly summaries, there is a section where the PCN or Nurse enters the date" due date of the resident's annual tuberculosis clearance. The PCN or Nurse filling out the monthly summary must make sure the date is not past that current month. This will also help the PCN prepare for upcoming clearances that are about to expire. Please refer to highlighted section of attachment C.</p> | <p style="text-align: center;">4/1/21</p> |

21 APR 13 P 3:32

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| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|--|--|
| <p>§11-100.1-23 Physical environment. (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Resident #2 – No signaling device available at bedside (Room #12).</p> | <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Signaling pendant was given to resident #2. He was instructed to wear the pendant and press the button when he needs help. A signaling push button was also placed in the resident's room. Resident was also instructed to keep button in his room and press it when he needs help.</i></p> | <p style="text-align: right;"><i>4/11/21</i></p> <p style="text-align: right;">21 APR 13 P 3:32</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

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| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Did not have Melatonin available along with Resident's other medications.</p> | <p>PLAN OF CORRECTION</p> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this in the future, our medication administration policy has been updated so when administering medications, all routine medications are to be available for the resident. Nurse or any trained substitute caregiver administering medications are to notify the PCs if a routine medication is not available. Please refer to highlighted highlighted section of attachment G. This information was also added to the process of auditing the medication cart. Auditing the medication is done 1-2 times a week. If the medication is not present, the PCs are to be notified immediately. Please see highlighted portion of attachment H.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> | <p>4/1/21</p> <p>21 APR 13 P3:32</p> |

Licensee's/Administrator's Signature: _____


pcn

Print Name: Karisa Sazon

Date: 4/8/21

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